MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 348

County Registrar's No.

Local Registrar's - No.

PLACE OF DEATH

1. County Navajo

District 6

Town or City Taylor No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Lila Rose Wakefield

(a) Residence. No. ..... St., ... Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 COLOR or RACE	5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
F	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	1	3	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Taylor
(State or country)

PARENTS

10. NAME OF FATHER E S Wakefield

11. BIRTHPLACE OF FATHER (city or town) St Johns
(State or country)

12. MAIDEN NAME OF MOTHER Ida Hancock

13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or country) Willard City

14. Informant Mrs E S Wakefield
(Address)

15. Filed ....., 19 .....
Registrar

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 19

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1927 to July 10, 1927, that I last saw h..... alive on " " , 1927, and that death occurred, on the date stated above, at 12 a m.
The CAUSE OF DEATH* was as follows:

Influenza

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... , M. D.
19 (Address)

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS
Logan Bamhodl	Taylor Ariz